Activity Centres Bond/credit refund form

To be filled out by families when they request a bond refund

Child's Name: _____ Amount owed: _____

Which ACI service did your child attend: _____

My Child's last booked day of care: _____

My Child will no longer be attending any ACI service, please return any credit owed into my account.

Account Details

Acc Name: _____

BSB: _____

Account No: _____

☐ I understand that I will not receive my refund until the Childcare subsidy (CCS) has been finalised; this process can take up to 6 weeks.

Parent/ Guardians Name: _____

Parent/Guardian Signature: _____

Date: _____

Please return this completed form to the service Coordinator

Office Use only:

☐ Checked the amount on Refund form is accurate with the amount owed in OWNA
☐ Checked the child was not absent on last booked day of care, if so, hold off on bond return as CCS will be stripped, liaise with family

Coordinator Signature: _____

Date: _____

Once complete, please send form to centres@champenterprises.com.au for processing